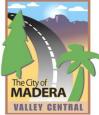
ACH



Date:	/ /20

PERA Y CENTRAL	Account Holder Name:
	Comisso Address /Mailing Address
	Service Address/Mailing Address
	Madera Ca 9363 Phone No:
	()
	I would like to have payments withdrawn from my checking account monthly for utility account # for address
	to take effect immediately. I have provided a Voided check for your records.
	I would like to cancel any ACH payments on utility account # due to a change and/or cancelled bank account.
	I would like to change ACH Bank information on utility account #
checking and if at a	te the City of Madera to instruct my bank/credit union to deduct my payments from the account listed on the enclosed voided check. I understand that I control my payments any time I decide to discontinue this payment service, I will notify the City of Madera Department in writing.
	Signature:

PAYMENTS WILL BE WITHDRAWN FROM YOUR BANK ACCOUNT EVERY THIRD FRIDAY OF EACH MONTH.

CITY OF MADERA
FINANCE DEPARTMENT
205 W 4TH ST
MADERA CA 93637
559-661-5459